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CAREER DEVELOPMENT AMONG DEAF PERSONS

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In a national census of deaf persons reported by Schein and Delk (1974), the prevalence of deafness found in the United States was 873 per 100,000 people. Based on the same survey information, the number of hearing impaired persons was estimated at 13.4 million. Of this number, about 1.8 million were deaf. Slightly more than .4 million were found to be "prevocationally deaf" or deaf before the age of 19. The prevalence of deaf persons combined with the severity of the disabling condition constitutes a signficant social problem and economic loss. This paper addresses some of the issues related to vocational development and career guidance among deaf persons.

This article deals with persons who have been afflicted with irreversible deafness since birth or early childhood (anacusic). For the purpose of this article the authors have adopted the definition of deafness provided by Mindel and Vernon (1972):

> A loss of hearing sufficiently severe to render an understanding of conversational speech impossible in most situations with or without a hearing aid...(though a child can hear sounds) he is psychologically, educationally, and socially deaf if he cannot understand speech (p. 19).

The article is divided into four major sections beyond this introduction: (1) Special Developmental and Educational Needs; (2) Employment Issues; (3) Rehabilitation Counseling and Career Guidance; and (4) Conclusion.

SPECIAL DEVELOPMENT AND EDUCATIONAL NEEDS

The psychosocial and educational development of deaf persons is fraught with considerable difficulty. First, deaf persons are much more likely than nondisabled persons to have other handicaps. Many of the major causes of deafness are also major causes of brain damage and some types of behavioral problems (Vernon, 1969). A survey of training programs for deaf persons in this country reported that 40% of the persons served had at least one other handicapping condition (Schein, 1974). Schlesinger and Meadow (1972) found that deaf students in one residential school were more than twice as likely to have emotional or behavioral problems as hearing students in the community.

Poor educational achievement is a related problem. Even when they are equal to hearing students in intelligence, deaf students often have difficulty maintaining moderate educational achievement. One study of educational achievement with high school graduates of residential schools found that only about 5% attained a 10th grade level; 41%, 7th or 8th grade; 27%, 6th grade; and approximately 30% were 4th grade or below (Vernon, 1968). Mendel and Vernon (1972) cite two separate studies of 16-year-old deaf students that found similar results. A study by the National Association for the Deaf (Peterson, 1981) found that 60% of the deaf rehabilitation subjects were unable to enroll in post-secondary education programs due to factors such as low educational achievement, poor communication skills, and behavioral problems.

EMPLOYMENT ISSUES

Before considering career counseling, it is important to understand the employment situation for deaf persons. Generally, they are more likely to be unemployed and underemployed than their hearing peers. Until very recently it was thought that the deaf worker belonged in printing and certain other trades that involve loud noise. As late as 1959, authorities within Vocational Rehabilitation stressed these jobs (Phelps & Banta, 1959). Jacobs (1980), a respected deaf leader, recently wrote that this situation still exists to a high degree and is one

of the causes of underemployment.

There is clear evidence documenting the employment difficulties of deaf persons. In psychiatric work with deaf patients, in New York, Rainer (1963) found vocational difficulties to be common. A 1969 study of deaf workers in New England (Moores, 1978) revealed that their average income was 22% below their hearing siblings and that the unemployment rate was 20% (4 times the national average of that date). One employment study was conducted with 176 graduates of two schools for deaf persons in Canada with an average age of 28 (Reich, 1974). It showed that 23% of the men and 42% of the women were unemployed, though 96% of the men and 93% of the women had been employed at some time in the past.

There are several possible reasons for this situation. Interestingly though, the handicap of deafness is not, in itself, the direct cause. Jacobs (1980) feels there are five possible reasons: inadequate education, inadequate social adjustment, a poor public image, poor service programs, and the isolation of deaf adults. The view of Jacobs and others can be grouped into three areas: poor education and social adjustment, employer stereotypes and feelings, and ineffective counseling to counteract the stereotypes and lack of information of the deaf.

Employer stereotypes and discrimination constitute another source of difficulty. Phillips (1973; 1975) did a large study of employer stereotypes affecting deaf employment in New York. Relevant factors that interfered with employment included a concern for the physical safety of deaf employees, a lack of specific information on the real difficulties of deaf workers, and stereotypes concerning deaf workers that were detrimental.

Still another difficulty is the awareness of employment possibilities among deaf persons themselves. Manson and Phillips (1972) used the *Dictionary of Occupational Titles* and previous articles to identify 805 possible career opportunities for deaf people. This number is restricted because its purpose was only to examine the breadth of possibilities and was not comprehensive. Later, in examining actual employment, Phillips (1973) concluded that deaf employment was restricted but broad enough to accommodate most preferences and interests.

Deaf persons often do not avail themselves of even those possibilities that are available. A survey by Dodd (1973) listed 515 specific occupations the deaf could perform. However, in a study of 146 deaf adolescents, the subjects chose only 31 possible for men and 14 possible for females. McHugh (1975) applied Donald Super's theory of vocational development to show that vocational immaturity was one cause. Due to communication problems, information deficit, and psychological dependency, typically, the deaf person is slow to develop vocational maturity. Related to this are the lack of realistic vocational information and the presence of stereotypes of deaf workers. This problem will be considered in a later section.

Employment of deaf persons has been further hurt by changes within our society. Many of the jobs that drew disproportionate numbers of the deaf population are declining in need. Morgan (1980) notes there has been a long-term decline of employment of goods-producing industries and an increase in service-producing ones (finance, education, communication, etc.). This decline in blue collar employment is hurting deaf employment. Many jobs today require more education and specialized training (Jacobs, 1980). All of these factors point toward a need for deaf adolescents and adults to receive career counseling that looks beyond the immediate problem of finding a job.

A final issue, and one identified by Dodd (1975), is that of the career counseling serving the deaf client. Too often the counselor has simply tried to match client talents with available tasks – and these have been occupations that are familiar to deaf persons (Munson & Egelston, 1975). Thorough client study and vocational exploration are essential. The counselor has the responsibility of exposing the client to the possibilities available rather than merely accepting the stereotypes of the deaf client and the hearing society.

REHABILITATION AND CAREER COUNSELING

When considering counseling of deaf persons we need to think of both rehabilitation and career counseling. While the two services share a common goal of successful vocational adjustment, they may remain relatively independent and unintegrated. They may be provided by different agencies. Rehabilitation counseling serves within the general mission of total rehabilitation. Rehabilitation is generally defined

as the restoration of a disabled person to his or her maximum usefulness. This restoration may involve any combination of medical, psychological, social, educational, and vocational services. The counselor serves in a variety of roles associated with personal counseling and coordination of services.

Generally, career counseling focuses on facilitating self understanding and identifying and utilizing one's personal resources in a career. Super (1957) defined career counseling as:

> The process of helping a person develop and accept an integrated and adequate picture of himself and of his role in the world of work, to test this concept of reality and to convert it into reality with satisfaction to him and benefit to society (p. 197).

Ginzberg (1971) focused on the effort to allow individuals to utilize available educational and occupational opportunities. He also emphasized improved decision making through enhancing the clients' perceptions of themselves and reality. Falborn, Gresell, and Trout (1982) emphasized the importance of counseling for lifetime career adjustment rather than short-term expediency. Seligman (1980) also stated that career development is a lifelong process and includes all the person's roles and positions. He went on to say that certain events in career development tend to occur in a predictable sequence:

1. Identification of needs, goals or concerns
2. Self exploration
3. Assessment often via testing
4. Exploration of the world of work
5. Comparison and integration of data on the self
6. Decision-making and reality testing
7. Formation of tentative plans and goals
8. Implementation
9. Evaluation of decisions (N.P.G.)

Thus, the roles of the counselor in facilitating career development are related to helping clients to acquire information and insights regarding themselves and to develop and implement career plans.

COUNSELING CONSIDERATIONS

When counseling deaf persons, some factors unique to this group should be considered. Patterson and Stewart (1971) noted six areas of special concern to counselors working with this population:

1. Language problems
2. Conceptional limitations
3. Communication deficiencies
4. Developmental and experiential lags
5. Situational barriers
6. Information-giving (N.P.G.)

Because of the unique and severe limitations imposed by deafness, more specially trained counselors are needed to work with deaf persons. In a study that included 1978 agencies (then currently) offering services to 24,224 deaf clients, Levine (1977) concluded that:

> The large majority of respondents were practicing without substantial knowledge of either deafness or deaf people; without special organized preparation for their work; and without the ability to communicate manually or to establish productive interpersonal relations with manual deaf subjects (p. 7).

Stewart, Schein, and Delk (1976) studied the effectiveness of vocational counselors who specialize in working with deaf clients. They concluded that this specialization significantly improved the quality of services to deaf clients. Conversely, Cook, Kunce, and Getsinger (1976) in a study of beginning personnel counselors in a university setting found stereotyping and prejudice to be associated with counselor effectiveness.

Communication is essential for any type of counseling. However, it is the biggest problem for the hearing therapist with the deaf client. The first decision to be made is the method of communication. There are three choices: speech and writing, simultaneous communication, or the use of an interpreter. Though some authorities argue that it is impossible to do therapy through an interpreter, this method is often used. There are many special problems caused by this method of counseling (Pricket & Rosh, 1976). Nickoloff (1972) stated that good communication is so essential that counselors without the appropriate skills themselves are doing an injustice by even attempting to serve their clients.

Speech can sometimes be used with a client who considers himself or herself oral (speech and lip-reading). However it is widely recognized that the best speechreaders rarely perceive and discriminate more than 20% of the spoken sounds (Vernon, 1969). An effort to force this method upon a deaf client can lead to hostility due to past efforts by hearing leaders of

deaf programs to repress sign language (Vernon, 1966; 1978).

For the preceding reasons the use of simultaneous communcation (signing/fingerspelling plus speech) is the best choice for most hearing counselors. Its use also conveys a feeling of acceptance, worth, and dignity (Sussman, 1972). Regarding the use of sign langauge, Fant (1974) wrote:

> The inclusion of Ameslan is far more than a gesture to diversity and plurality. It signifies a recognition of dignity, the worth, the uniqueness of deaf people. It is an honest act, for it precludes hypocritical attempts to gloss over the fact that deaf people are different from hearing people (p. 209).

Counseling methods need to be modified when treating deaf clients. One group of specialists in the field noted a need for greater patience (Levine, 1977). They felt that counseling with deaf persons took four times as long as for hearing subjects. There is a need for the counselor to do more information giving (Mindel and Vernon, 1972; Sussman, 1971) due to deaf clients' experiential deficiencies. In reviewing the relevant literature, Happ and Altmaier (1983) note a need for counseling techniques that are less abstract and verbal, more directive, and more informative. Behavior modification, role-playing, psychodrama, and the other more concrete and body-movement approaches seem to be the most effective (Levine, 1977b).

The counselor needs to have some information concerning deaf persons. A counselor, unaware of the problems of the deaf client, may not realize that what sounds like paranoia may be reality. The deaf client is often laughed at, talked about, and discriminated against (Patterson & Stewart, 1972). The counselor needs to help the deaf client deal with such feelings and find ways to change the situation. The counselor also needs information about the job market and occupational conditions among the deaf population (Levine, 1977).

ASSESSMENT

Assessment is very important in both rehabilitation and career counseling with deaf persons. In writing of the importance of early assessment, Levine (1981) stated:

> Vocational satisfaction plays an important role in the psychological adjustments of deaf youths after they finish high school. It is, therefore, important to find out what their general vocational interests are while they are in school, in preparation for later vocational advice and training (p. 219).

Although psychological testing is the most frequently used approach to psychological, educational, and vocational assessment there are problems in testing deaf persons. Bolton and Cook (1980) contended that tests are often overused with rehabilitation clients. Instead of automatically using testing procedures, they offer two justifiable reasons for using tests: confirming or supporting ideas of jobs clients think they would like and helping clients with no idea of what they want to do.

One survey of 162 counselors of deaf persons found the biggest problem to be testing (Levine, 1974). The two major difficulties in the assessment of the deaf client are long-term experiential deficits and a very low language achievement of the deaf client, as previously discussed. As far back as 1915 psychologists recognized that many test questions were not suitable for the deaf population (Levine, 1977). Using the Stanford-Binet, they found a mental retardation average of 4.58 years. Furth (1966) noted that as a direct result of linguistic incompetence, deaf persons perform poorly on all tasks which are specifically verbal. It is widely accepted that written tests dependent on normal English language skills do not yield reliable results when used with deaf persons (Levine, 1981). This makes the use of interest inventories difficult because most of these instruments are of the paper-pencil, self-report format. Therefore, whenever possible, non-language or performance instruments should be used (Levine, 1971; 1977).

The second problem is caused by a general experiential deficiency. Even when deaf persons can understand the language of a test, the linguistic habits and experiential defiencies generally affect their scores (Furth, 1966). This has been found true for both intelligence tests (Garrett & Levine, 1962) and personality inventories (Levine, 1974). It can be assumed that the same is true for all instruments of a verbal nature including interest inventories.

There is evidence to support difficulties in vocational assessment with the deaf client. Beene and Larson (1976) examined the reliability of evaluations in a rehabilitation setting.

They compared the evaluations of five hearing impaired subjects, all assessed by seven counselors. Considerable differences in the evaluations were found. The emphasis here was on the tests used and the method for integrating data. Therefore, for this sample the validity of tests and the reliability of the counselors' ratings seem to be a problem. Various authors have proposed similar ways of using assessment in career counseling with the deaf clients. Sink, Field, and Roulerson (1978) suggested the following areas as most significant in assessment of hearing impaired high school students: intelligence, educational level, vocational aptitude, vocational interest, and personal and social adjustment. Within vocational evaluation itself they noted five methods: psychological testing, job analysis, situational assessment, work samples, and job tryouts. Watson (1979) described a hierarchy based on importance: communication, biographical data, the evaluation interview, psychological tests, occupational information and exploration, work samples, situational tasks, and job tryouts. For high school career evaluation, Levine (1981) lists four instruments that she considers the most useful: the Picture Interest Inventory, the Geist Picture Interest Inventory, the Wide Range Interest-Opinion Test, and the Kuder Occupational Interest Inventory.

Sink, Field, and Roulerson (1978) conducted a national survey to find out what procedures were being used at that time. The respondents were 181 agencies offering vocational evaluation for the clients. The most frequently used instruments were commercial work samples, especially the Testing, Orientation and Work Evaluation in Rehabilitation (TOWER), and the Jewish Employment and Vocational Service (JEVS). Of the respondents, 82% had their own adaptations for administering and scoring. Some counselors have expressed concern about the lack of special norms for the deaf population (Shields, 1980).

The reading levels of interest and personality inventories are often too high for deaf clients. For example, the Strong-Campbell and the Kuder interest inventories require a sixth grade reading level. Holland's Self-Directed Search, Form E, is somewhat lower (Farrugia, 1981; Kennedy, 1973). The 16 PF personality inventory is reported to have a third to sixth grade reading level. However, Jensema (1975) questioned the reliability and validity of the instrument when used with deaf college students. Although the reading levels for these particular instruments are relatively low, some deaf persons simply do not have the ability to read and understand them.

Picture inventories are generally much more useful than paper-pencil inventories. However, due to experiential deprivation they may not have been exposed to many of the pictured activities (Farrugia, 1981). The results are also reported using language that is difficult for the client to understand. One study found that the deaf client could not understand many of the job cluster titles used in the WRIOT (Farrugia, 1981). However, by modifying the language titles used in reporting, deaf clients were able to understand the results without distorting the meaning of the test scores.

Marita Danek (1983) suggested that nonparametric data are frequently the most useful in the assessment of deaf persons. These data include content derived from an assessment of the individual's educational, social, and work history, motivation to work, and the support systems available. Positive indicators for predicting a deaf person's rehabilitation success are at least average ability, a consistent and uninterrupted employment history, and freedom from dependence on family members or public sources of support. Indications of some difficulties for rehabilitation are troubled school or work history, financial or interpersonal dependence on family members post adulthood, the lack of meaningful social relationships with other deaf people, a distrust of hearing people, and the existence of other handicaps.

In summary, assessment in career counseling is a difficult area in work with the deaf. First, language and communication consitute a problem. Secondly, experiential deprivation can reduce the validity of all instruments and especially the more verbal ones. On performance type devices such as work samples, the lack of separate norms makes the results questionable. Finally, counselors themselves are a source of difficulty. From one national survey of 181 agencies doing evaluation Sink, Field, and Raulerson (1978) concluded:

> Vocational evaluation services to the deaf and hearing-impaired continue to be provided by the unqualified worker through the use of tests with questionable validity and work samples which were designed for persons

with normal hearing (p. 943).

Effective career counseling requires that clients be reasonably informed about the world of work and themselves. The previous section discussed the problem gaining information about oneself through assessment procedures. Related to this, experiential deprivation causes some instruments to be less valid for deaf than for hearing subjects. This issue of deprivation plays a large role in the selection of a particular career. Career-planning needs to be based on well-informed choices. Too often the deaf begin vocational training before they have the knowledge necessary for choosing a particular occupation (Munson and Egelston, 1975).

This situation is especially noticeable with adolescents and college students. Stone and Gregg (1981) showed that handicapped youth generally have retarded vocational development. These authors also noted the way deaf adolescents prefer occupations at semi-skilled and unskilled levels, have less crystallized vocational interests, and possess less vocational information than hearing adolescents. A three-year longitudinal study at the National Technical Institute of the Deaf of the University of Rochester (SIC), found career maturity to be retarded.

On John Crites' (1973) *Career Maturity Inventory*, the career maturity mean for deaf subjects was between the fifth and sixth grade. After two and one-half years, it had progressed one grade level. these findings are consistent with a longitudinal study of hearing subjects. It showed the consistently mature persons tended to be brighter, more favored socio-economically, and better students (Jordoan and Heyde, 1979).

From the preceding paragraph the importance of exposing the deaf clients to more information about themselves and the world can be seen. From their survey of career clients, Twyman and Ouelette (1978) concluded that more emphasis should be placed on self-awareness and less on vocational guidance and job selection. They found four factors affecting the career aspirations of the deaf. In order of importance they were: limited occupational knowledge, work opportunities available, academic success, and stereotypic career aspirations within the deaf community.

Two other factors serve to limit the career aspirations of the deaf. The first was briefly mentioned in the study by Twyman and Ouelette (1978); stereotypes among the deaf themselves. Due to traditions and role models, many deaf adolescents and adults limit the career list from which they choose. Dodd (1975) did a study of the deaf stereotypes of 209 students at the National Technical Institute of the Deaf *(sic)*. He used a list of 40 possible jobs which he knew had deaf workers. However, in choosing those jobs possible for the deaf, a mean of 10 jobs were identified as appropriate for deaf persons. A study at the Arizona School for the Deaf (Moccia, 1981) found the strong impact of deaf role models in careers considered as possibles.

The second area affecting choices was sex role stereotyping. Though less important than deaf stereotyping (Dodd, 1975; Moccia, 1981; Twyman & Ouellett, 1978), there appears to be a stronger sex role stereotyping among deaf persons than among the hearing population. Kolvitz and Ouelette (1980) found stronger sex role stereotypes for occupations in deaf males than hearing males. Among deaf females, Anderson and Kuger (1982) noted a similar situation. They concluded that for females such occupational stereotyping "may result in acceptance of a role or a position in which one is neither comfortable or content" (p. 31).

It can be seen that merely matching a person with a job may not be effective. Deaf persons may not know enough about the world of work. Frequently they are overly influenced by deaf role models they know personally. They tend to consider two few occupations as possible for the deaf. This is further complicated by strong sex-role stereotyping for occupations. It is, therefore, important that deaf clients be exposed to the possibilities open to the deaf and the changing roles of men and women in today's society (Anderson and Kruger, 1982).

CONCLUSION

In conclusion, deaf persons experience several categories of problems and needs related to career adjustment. These problems most frequently fall into categories of general education, career guidance, job training, and job placement. Experiential deficits and developmental lags in any of these areas interfere with effective functioning in other areas. The bottom line of this set of conditions is that deaf persons are frequently ill prepared to enter into

and perform in the national labor force on a competitive basis. Their vocational adjustment can be enhanced substantially by individually designed and applied services specific to the needs of each person. Some of the special needs have been identified in this paper and are summarized here. Deafness impedes both educational and counseling processes. Part of this is due to the fact that deaf persons do not have the same experiences as hearing persons. This experiential deficit is cumulative in its effects. Learning about the environment in general and about the world of work in particular is usually slow, difficult, and incomplete. Many jobs currently existing in the labor market which might offer employment opportunities are unkown to deaf persons. Also, deaf persons, given their experience and information deficits, tend to sell themselves short in relation to the number and kind of jobs they can perform.

Career counseling is difficult because of the laborious communication process. This is true even with counselors who communicate well with deaf persons. It becomes extremely unwieldy when the counselor and client must communicate by writing or by interpreter. This condition points out the need for counselors specially trained to work with this disability group.

Psychological/vocational assessment is also difficult to perform. We considered the administration, reliability, validity, and interpretation aspects of using instruments standardized on a hearing population for this group. Generally, non-language instruments yield more accurate indices of the deaf person's characteristics than do language-based instruments. Commercial vocational evaluation systems, because they are largely performance in nature, generally offer more vocational potential than traditional psychological tests. Also, they are designed to maximally motivate and challenge the client. For a number of deaf persons such assessments might prove effective.

In job placement, actual job tryouts could be used to a much greater extent than they currently are. Several carefully planned tryouts in a variety of work settings for a particular client can provide learning experiences for the client and diagnostic information for the counselor. Personal counseling for self awareness and self esteem could be used more than has been reported so far. Realistic attitudes and expectations are necessary for effective adjustment, both personally and vocationally. This is true for all persons, but it becomes a critical issue for disabled persons if they are to use their resources optimally. Because of the nature and severity of this disability, deaf persons should be provided this service and encouraged to use it to their greatest advantage. Counselors offering services need to be carefully screened and trained to serve this population. Particularly, they must be able to communicate effectively with deaf clients. At best, the process for each client requires considerable time and patience. Counselors who have appropriate personal characteristics and specialized training usually find deaf persons to be interesting and productive clients.

Despite educational and experiential deficiencies, optimum rehabilitation of deaf subjects is possible However, it cannot be done quickly or cheaply. The nature of rehabilitation process often results in a less than optimum career placement for the client. Ginzberg (1971) noted six factors that limit the vocational-rehabilitation counselor's ability to perform career counseling: pressures from the environment, the size of the case load, financial resources, administrative favoritism, a concern with reporting successful closures, and the avoidances of difficult clients. Peterson (1981) suggested that the need for rapid successful closures helped cause the increase in deaf unemployment from 1972 to 1977. In the long-range, deaf employment will be best served by the optimum placement of each client. This process will frequently take more time to accomplish than counselors usually spend. However, the long term-gains in the employment of the deaf should compensate for this short-term increase in time and financial costs.

REFERENCES

Anderson, S. E. & Kruger, A. H. (1982). A comparison of the sex-role attitude of hearing-impaired and hearing women. *Journal of Rehabilitation of the deaf, 16* (2), 1-4.

Beene, G. M. & Larson, J. (1979). Misdiagnosis in rehabilitation setting with the hearing-impaired client. *Journal of Rehabilitation of the Deaf, 13* (2), 11-15.

Bolduc, J. D. (1982). A career planning program for deaf women. *Journal of Rehabilitation of the Deaf, 15* (3), 1-9.

Bolton, B. (1975). Factors contributing to successful rehabilitation of deaf clients. *Journal of Rehabilitation of the Deaf, 9* (2), 36-43.

Bolton, B. (1980). *Rehabilitation client assessment*. Baltimore: University Park Press.

Cook, D. W., Kunce, J. T. & Getsinger, S. H. (1976). Perception of the disabled and counseling effectiveness. *Rehabilitation Counseling Bulletin, 19,* 470-475.

Crites, J. O. (1973). *Theory and research handbook for the Career Maturity Inventory*. Monterey, CA: CTB/McGraw-Hill.

Danek, M. M. & Lawrence, R. E. (1981). The multiply disabled hearing impaired client. *Journal of Rehabilitation of the Deaf, 15* (3), 1-9.

Dodd, J. E. (1975). Overcoming occupational stereotypes related to sex and deafness. *American Annals of the Deaf, 122,* 489-491.

Fant, L. J. (1974). Ameslan: The communication system of choice. In P. J. Fine (Ed.), *Deafness in infancy and early childhood*. Washington, D.C.: Gallaudet College Press.

Farrugia, D. (1981). Career exploration with hearing-impaired students: A technique using the Wide Range Interest Opinion Test. *Journal of Rehabilitation of the Deaf, 14* (4), 1-5.

Follain-Grisell, V. & Trout, W. (1982). Life career development services for deaf college students. *Journal of Rehabilitation of the Deaf, 16* 14-17.

Furth, H. G. (1966). *Thinking without language: Psychological implications of deafness*. NY: The Free Press.

Ginzberg, E. (1971). *Career guidance. NY: McGraw-Hill.*

Gysbers, N. C. & Moore, E. S. (1975). Beyond career development – Life career development. Personnel and Guidance Journal, 53, 647-652.

Jacobs, L. M. (1980). *The deaf adult speaks out*. Washington, D.C.: Gallaudet College Press.

Jensema, C. (1975). Reliability of the 16 PF Form for hearing-impaired college students. *Journal of Rehabilitation of the Deaf, 8* (3), 14-18.

Jordoan, J. P. & Heyde, M. B. (1979). *Vocal maturity during the high school years*. NY: Teachers College Press.

Kennedy, A. E. (1973). The effects of deafness on personality. *Journal of Rehabilitation of the Deaf, 6,* 22-33.

Kersting, J. L. , Emerton, P. G. & Gallody, L. E. (1981). A longitudinal study of career maturity attitudes in a deaf population. *Journal of Rehabilitation of the Deaf, 15* (1), 20-25.

Kolvitz, M. & Ouelette, S. E. (1980). A comparison of sex-role attitudes of hearing and hearing-impaired men. *Journal of Rehabilitation of the Deaf, 13* (4), 23-27.

Lenox, J. & Hamilton, R. (1973). Mediated career education at the Marie Kotzenbock School for the Deaf. *American Annals of the Deaf, 118,* 531-537.

Levine, E. S. (1962). Auditory disability. In J. F. Garrett & E. S. Levine (Eds.), *Psychological practices with the physically disabled*. NY: Columbia University Press.

Levine, E. S. (1971). Mental assessment of the deaf child. *Volta Review, 73,* 80-96, 97-105.

Levine, E. S. (1974). Psychological tests and practice with the deaf. *Volta Review, 76,* 298-319.

Levine, E. S. (1977). The preparation of psychological service providers to the deaf. In E. S. Levine (Ed.), Monograph #4, *Journal of Rehabilitation of the Deaf.*

Levine, E. S. (1981). The ecology of early deafness. NY: Columbia University Press.

McCrone, W. P. (1982) The survival of rehabilitation servie for the deaf citizen in the 1980's. *Journal of Rehabilitation of the Deaf, 15* (4), 11-13.

McHugh, D. F. (1975). A review of vocational developments. *Journal of Rehabilitation of the Deaf, 9* (1), 1-11.

McQuaid, M. F. & Alouisetti, M. (1981). School psychological services for the hearing-impaired children in the New York and New England area. *American Annals of the Deaf, 126,* 37-41.

Milone, M. N. (1981). Personality characteristics of counselor trainees preparing for work with deaf persons. *Rehabilitation Counseling Bulletin, 24,* 354-361.

Mindel, E. D. & Vernon, M. (1971). *They grow in silence: The deaf child and his family*. MD: National Association of the Deaf.

Moccia, L. (1981). Occupational stereotyping by high school deaf students: A preliminary survey. *Journal of Rehabilitation of the Deaf, 15* (2), 20-26.

REFERENCES, Cont.

Moores, D. F. (1978). *Educating the deaf*. Boston: Houghton-Mifflin Company.

Morgan, D. F. (1980). *Managing career development*. NY: Van Nostrand Reinhold Company.

Munson, H. l. & Egelstron, J. (1975). Career education for the deaf. *Journal of Rehabilitation of the Deaf, 9* (2), 24-35.

Munson, H. L. & Phillips, G. B. (1972). *Career opportunities for the deaf*. NY: New York State Cooperative Endeavor in the Education of the Deaf.

Naretsky, M. & Beoch, R. (1980). A mediated course in career development. *American Annals of the Deaf, 125*, 826-833.

Nickoloff, E. G. (1972). Training in diagnostic and evaluation for the specialist in deafness rehabilitation. *Journal of Rehabilitation of the Deaf, 6* (2), 98-100.

Patterson, C. H. & Stewart, L. G. (1971). Principles of counseling with deaf people. In A. E. Sussman and L. G. Stewart (Eds.), *Counseling with deaf people*. NY: New York University Deafness Research and Training Center.

Peterson, E. W. (1981). The two sides of habilitation/rehabilitation servies for the deaf. *Journal of Rehabilitation of the Deaf, 14*, 18-25.

Phelps, W. M. & Banta, K. V. (1959). *Vocational rehabilitation for the phsycially handicapped*. Springfield, IL: Charles C. Thomas.

Phillips, G. B. (1975). An exploration of employer attitudes concerning employment opportunities for deaf people. *Journal of Rehabilitation of the Deaf, 9* (2), 1-9.

Porter, E. B. (1977). *Guidelines for the evaluation, diagnosis, and remediation problem of the hearing-impaired person*. Silver Springs, MD: National Association for Hearing and Speech Action.

Pricket, B. & Rosh, N. J. (1976). Use of interpretor in the vocational-rehabilitation process. *Journal of Rehabilitation of the Deaf, 9* (4), 11-15.

Rainer, J., Altschuler, K. & Kallman, F. (Eds.). (1963). *Family and mental health problems in a deaf population*. NY: Columbia University Press.

Reich, C. M. (1974). The occupational history of urban deaf adults. *Journal of Rehabilitation of the Deaf, 8* (2), 1-10.

Roessler, R. T. & Rubin, S. E. (1982). *Case management and rehabilitation counseling*. Baltimore: University Park Press.

Sachs, B. B., Dittman, A. T. & Sussman, A. E. (1972). Psychological interviewing with deaf persons. *Journal of Rehabilitation of the Deaf, 6*, 140-155.

Schein, J. D. (1974). *Education and rehabilitation of deaf persons with other disabilities*. NY: Deafness Research and Training Center.

Schlesinger, H. S. & Meadow, K. P. (1972). *Sound and sign: Childhood deafness and mental health*. Berkeley: University of California Press.

Seligman, L. (1980). *Assessment in develomental career counseling*. Cranston, R.I.: The Carroll Press.

Shields, J. W. (1980). Work samples and normative data. *Journal of Rehabilitation of the Deaf, 14* (1), 14-21.

Sink, J. M. Field, T. F. & Rouleerson, M. H. (1978). Vocational evaluation services for the deaf and hearing-impaired: state of the art. *American Annals of the Deaf, 123*, 937-944.

Stewart, L. G., Schien, J. D. & Delk, M. T. (1976). Perceptions of the work of rehabilitation counselors with the deaf. *Journal of Rehabilitation of the Deaf, 10* (1), 19-28.

Stone, J. & Gregg, C. (1981). Juvenile diabetes and rehabilitation counseling. *Rehabilitation Counseling Bulletin, 24*, 283-291.

Super, D. E. (1957). *The psychology of careers*. NY: Harper & Row.

Twyman, L. H. & Ouelette, S. E. (1978). Career development programs in residential schools for the deaf: A survey. *American Annals of the Deaf, 123*, 10-17.

Vernon, M. (1966). Current ecological factors of deafness. *American Annals of the Deaf, 113*, 106-155.

Vernon, M. (1978). Main tools for effective diagnosis. In G. T. Lloyd (Ed.), *International research seminar*.

Vernon, M. (1978). Violation of constitutional rights. *Journal of Rehabilitation of the Deaf, 11* (4), 1-7.

Watson, D. (1979). Guidelines for the psychological and vocational assessment of deaf rehabilitation clients. *Journal of Rehabilitation of the Deaf, 13* (1), 29-57.